State of Nevad

ndidate's Na.	<u>XM n e</u> me(print)	der	0ffice	District	(if applicable
n . 1/=	7 n C	89112	1.501501	11 min=0 (1)4	· <u>·</u> ··
iling address	1 H ≥ (include city and	zip code)	<u> </u>	Telephon	1
1	Report Period	i <b>Began:</b> Decembe <b>Began:</b> Decembe	R 1 - DUE AUG er 17, 1994, for an officer er 21, 1996, for an officer er 19, 1998, for an office	ce with a six year term e with a four year term	n m
		Report Perio	d Ends: August 23, 20	000	
		m previous camp rt), if any <u>#28</u> ,	aign (should equal the	balance shown on you —	ur last disposi
		CONTRIBUT	IONS SUMMARY		
1. Total Amount of contributions in excess of \$100			\$100	#66,99	45 -
2. Total amount of contributions of \$100 or less					<u> 5</u>
Actual	number of contrib	outions of \$100 or	less <u>3</u>		
3. Interest and income earned, if any				100	
4. TOTA	L AMOUNT OF	ALL CONTRIB	UTIONS		
(add li	nes 1 through 3)			67,16	<u> </u>
<u></u>	<del></del>	EX	PENSES SUMMARY	<del> </del>	
5. Total a	5. Total amount of expenses in excess of \$100			#8,67	19 -
6. Total amount of expenses of \$100 or less				23	<u> </u>
7. Expense for filing fee				/00	, <del>-</del>
O TOTA	L AMOUNT OF	ALL EXPENSES	S		
8. 101A	(add lines 5 through 7)				7

Prescribed by Secretary of State NRS 294A.120, 294A.200 EL201.001(rev. 04/00)

Signature of Candidate

Total number of pages for this report \_\_//\_\_\_